

## Agape Learning Center LLC Water Sampling Lead Analysis Report

## 1. INTRODUCTION

## 1.1. GENERAL

This report presents the results of our water sampling performed at the site of Agape Learning Center LLC, 15832 Fenkell, Detroit, MI., on May 10th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

## 1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

## 1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Opal Long on May  $3^{rd}$ , 2016.

## 2. SITE INVESTIGATIONS

## 2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

## 2.2 LABORATORY TESTING

## **2.2.1.** General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

## 3. DISCUSSIONS AND RECOMMENDATIONS

## 3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters Field Scientist Monica Starks, CIEC

Principal

Council-certified Indoor Environmental Consultant Board-awarded by the American Council for Accredited Certification



Appendix 1, Lab Results, Chain of Custody



## APPENDIX 1 Laboratory Results and Chain of Custody

17800 Woodward Ave Suite 200 Detroit, MI 48203

## **National Testing Laboratories, Ltd**

556 South Mansfield, Ypsilanti, Mi, 48197-5166 (440) 449-2525, Fax: (440) 449-8585

### **ANALYTICAL REPORTS**

SAMPLE CODE: 354729

5/20/2016

15832 Fenkell 48227

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Agape Learning Center, DC-01-KC-01-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

### Legend

Any 'Level Detected' marked with an asterisk (\*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

"ND"

This contaminant was not detected at or above our lower reporting limit (LRL)

"NA"

Not Analyzed

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA

Secondary Standards.

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF" This column indicates the contaminant dilution factor.

Report Notes:

| Fed Id # Contaminant | Method Standard | Units LRL      | Level         | DF Date/Time     | Date    | Date/Time |
|----------------------|-----------------|----------------|---------------|------------------|---------|-----------|
|                      |                 |                | Detected      | Sampled          | Prepped | Analyzed  |
|                      | 1               | norganic Analy | rtes - Metals |                  |         |           |
| 1030 Lead            | 200.8 0.015 r   | ng/L 0.001     | ND            | 1 5/10/2016 06:5 | 0       | 5/18/2016 |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| EC      | 200.8 |

James Abston, Operations Manager

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354730 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Agape Learning Center, DC-01-KC-01-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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"DF" This column indicates the contaminant dilution factor,

Report Notes:

| Detected Sampled Prepped Anal  Inorganic Analytes - Metals | nt Me | Method Standard Unit | s LRL          | Level DF   | Date/Time | Date    | Date/Time |
|------------------------------------------------------------|-------|----------------------|----------------|------------|-----------|---------|-----------|
| Inorganic Analytes - Metals                                |       |                      |                | Detected   | Sampled   | Prepped | Aлalyzed  |
| Inorganic Analytes - Metals                                |       |                      |                |            |           |         |           |
| mongamo monto                                              |       | Inor                 | ganic Analyte: | s - Metals |           |         |           |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| EC      | 200.8 |
|         |       |

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354731 5/20/2016

Customer: G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Agape Learning Center, DC-01-WC-02-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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"DF"

This column indicates the contaminant dilution factor.

Report Notes:

| Fed Id # Contaminant | Method Standard Units                  | LRL Level           | DF Date/Time | Date    | Date/Time |
|----------------------|----------------------------------------|---------------------|--------------|---------|-----------|
|                      |                                        | Detected            | Sampled      | Prepped | Analyzed  |
|                      | Inorganio                              | c Analytes - Metals |              |         |           |
|                      | man throat transmission and the second |                     |              |         |           |

These test results may be used for compliance purpose as required.

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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354732 5/20/2016

**Customer:** 

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Agape Learning Center, DC-01-WC-02-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

| Fed Id # Contaminant | Method Standard | Units LRL       | Level<br>Detected | DF Date/Time<br>Sampled | Date<br>Prepped | Date/Time<br>Analyzed |
|----------------------|-----------------|-----------------|-------------------|-------------------------|-----------------|-----------------------|
|                      |                 |                 |                   |                         |                 |                       |
|                      |                 | Inorganic Analy | /tes - Metals     |                         |                 |                       |
| 1030 Lead            | 200.8 0.015     | mg/L 0,001      | ND                | 1 5/10/2016 06:5        | 0               | 5/18/2016             |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| EC      | 200.8 |
|         |       |

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### **ANALYTICAL REPORTS**

SAMPLE CODE: 354733 5/20/2016

Customer: G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source: Agape Learning Center, DC-01-BF-03-P

Source City: Detroit Source State:MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Report Notes:

| Fed Id # Contaminant | Method Standard | Units LRL      | Level<br>Detected | DF Date/Time<br>Sampled | Date<br>Prepped | Date/Time<br>Analyzed |
|----------------------|-----------------|----------------|-------------------|-------------------------|-----------------|-----------------------|
|                      |                 | Inorganic Anal | ytes - Metals     |                         |                 |                       |
| 1030 Lead            | 200,8 0.015     | mg/L 0.001     | ND                | <b>1</b> 5/10/2016 06:5 | 50              | 5/18/2016             |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| EC      | 200.8 |
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## **ANALYTICAL REPORTS**

SAMPLE CODE: 354734 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Agape Learning Center, DC-01-BF-03-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Not Analyzed

"Standard"

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"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF" This column indicates the contaminant dilution factor.

Report Notes:

| Fed Id # Contaminant | Method Standard | Units LRL      | Level         | DF Date/Time     | Date    | Date/Time |
|----------------------|-----------------|----------------|---------------|------------------|---------|-----------|
|                      |                 |                | Detected      | Sampled          | Prepped | Analyzed  |
|                      |                 | Inorganic Anal | ytes - Metals |                  |         |           |
| 1030 Lead            | 200.8 0.015     | mg/L 0,001     | ND            | 1 5/10/2016 06:5 | 0       | 5/18/2016 |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| EC      | 200.8 |
|         |       |

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354734

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1-800-458-3330

# **General Compliance**

Order Number:

Order Date:

2076912

04/19/2016

354729

Sample Number:

Lead Only

Sample Paid: No

**Payment Method:** 

TSR: EF

**Product:** 

| Sold To:                          | IOK LI                                        |                                                                       |
|-----------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|
| G. S. Group                       |                                               | For Laboratory Use ONLY                                               |
| Monica Starks                     |                                               | Lab Accounting Information:                                           |
| 17800 Woodward Ave                |                                               | Payment \$:                                                           |
| Detroit                           | MI 48203                                      | Check #:                                                              |
|                                   |                                               |                                                                       |
| Date Sampled : <u>5 / 10 / 16</u> | -                                             | Lab Comments/Special instructions:                                    |
| Time Sampled: 6:50                | Please Use Military Time, e.g. 3,00pm = 15:00 |                                                                       |
| Check Time Zone: LEST CST         | 「                                             |                                                                       |
| Client Name: A-Supe               | - carning Center                              |                                                                       |
| Phone Number: 313-2               | 72-0467                                       |                                                                       |
| Fax Number:                       |                                               |                                                                       |
| PWS ID# (if applicable):          | N/A                                           | State Forms:                                                          |
| Sample ID or Source: DC 0         | 1-KC-01-P                                     | Lab Sample Informations                                               |
| Source Type: Spring V             | Vell Municipal Surface                        | Date Received: MAY 1 0 2016                                           |
| Other:                            |                                               | Time Received: 13:30                                                  |
| City & State: Dornort             | , Mi                                          | Received By: 12:20                                                    |
| (IID                              | (fferent than Above)                          | Sample receipt criteria checked & acceptable.                         |
| Sample Collected By               | (Signature)                                   | Deviations from acceptable sample receipt criteria noted on PSA form. |
| Sample Collected By: புப்         |                                               |                                                                       |
| Form Completed By: M.d            | W BALLS                                       |                                                                       |
|                                   |                                               |                                                                       |
| dditional Comments:               | 11111-1                                       |                                                                       |
| First draw.                       | uphed at this day                             | Jeans. This is location #                                             |
|                                   |                                               |                                                                       |

Quality Water Analysis

1-800-458-3330

## **General Compliance**

Order Number:

2076912

Order Date:

04/19/2016 354730

Sample Number:

Product:

Lead Only

Sample Pald: No

**Payment Method:** 

TSR: EF Sold To: For Laboratory Use ONLY G. S. Group Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:\_ MI 48203 Detroit Check #:\_ Lab Comments/Special Instructions: Date Sampled : 5 110 116 Time Sampled: Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: LEST CST MST PST **Client Name: Phone Number:** Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: DC Leb Sample Information: Source Type: Spring Date Received: Other. Time Received: City & State: Received By: Sample receipt criteria checked & acceptable. Sample Collected B Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:



1-800-458-3330

# **General Compliance**

Order Number:

2076912

354731

Order Date: Sample Number:

04/19/2016

Product:

L

Lead Only

Sample Paid: No

Payment Method:

| Sold To:                                   | ISK: EF                                      |                                                                                                                      |
|--------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| G. S. Group                                |                                              | For Laboratory Use ONLY                                                                                              |
| Monica Starks                              |                                              | Lab Accounting Information:                                                                                          |
| 17800 Woodward Ave                         |                                              |                                                                                                                      |
| Detroit                                    | MI 48203                                     | Payment \$:                                                                                                          |
|                                            | •                                            | Check #:                                                                                                             |
| Date Sampled : 5,10,16                     |                                              | Lab Comments/Special Instructions:                                                                                   |
| Time Sampled: 6:50 P                       | lease Use Military Time, e.g. 3:00pm = 15:00 |                                                                                                                      |
| Check Time Zone: ☐EST ☐ CST                | ☐ MST ☐ PST                                  |                                                                                                                      |
| Client Name: A-Supe                        | Learning Center                              |                                                                                                                      |
| Phone Number: 313-2                        | 12-0487                                      |                                                                                                                      |
| Fax Number:                                | **************************************       |                                                                                                                      |
| PWS ID# (if applicable):                   | N/A                                          | State Forms:                                                                                                         |
| Sample (D or Source: DC-                   | 01-WC-02-P                                   |                                                                                                                      |
| Source Type: Spring W                      | ell [] Municipal [] Surface                  | Lab Sample Information: MAY 1 0 2016                                                                                 |
| Other:                                     |                                              | Date Neceived.                                                                                                       |
|                                            |                                              | Time Received 13: 30                                                                                                 |
| City & State: Dorot                        | rerent than Above)                           | Received By:                                                                                                         |
| Sample Collected By.                       | (Signature)                                  | Sample receipt criteria checked & acceptable.  Deviations from acceptable sample receipt criteria noted on PSA form. |
| Sample Collected By: <u> </u>              | J GHAS                                       |                                                                                                                      |
| Form Completed By: Mck                     | (Please Print)                               |                                                                                                                      |
|                                            |                                              |                                                                                                                      |
| dditional Comments:                        |                                              |                                                                                                                      |
| 3 locations San                            | oled at this day                             | care this is location # 7                                                                                            |
| F. = 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ()                                           |                                                                                                                      |

Quality Water Analysis

1-800-458-3330

# **General Compliance**

Order Number:

2076912

354732

Order Date:

04/19/2016

Sample Number: Product:

**Lead Only** 

Sample Paid: No

Payment Method:

| Cold To:                                                                                                                                | ISK: EF                |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|
| Sold To: G. S. Group Monica Starks 17800 Woodward Ave Detroit                                                                           | MI 48203               | For Laboratory Use ONLY  Lab Accounting Information:  Payment \$:  Check #: |
| Date Sampled: 51016  Time Sampled: 6:50 Please Check Time Zone: FEST CST CST Client Name: Agree Form Phone Number: 313-272  Fax Number: | MST PST Carming Center | Lab Comments/Special Instructions:                                          |
| PWS ID# (if applicable):  Sample ID or Source: DC - O1-  Source Type: Spring Well  Other:  City & State: Dorpit                         |                        | Lab Sample Information: Date Received:                                      |
| Additional Comments:  5 locations Sample Flush Sample.                                                                                  | ed at this day         | care. This is location # Z                                                  |

Quality Water Analysis

1-800-458-3330

# General Compliance

Order Number:

Sample Number:

2076912

354733

Order Date:

04/19/2016

)J4/ J

Product:

Lead Only

Sample Pald: No

Payment Method:

TSR: EF Sold To: For Laboratory Use ONLY G. S. Group Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:\_ MI 48203 Detroit Check #:\_ Lab Comments/Special Instructions: Date Sampled : 5/10/16 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: LEST CST MST PST Client Name: Phone Number: Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: DC-01-13 Lab Sample Informati Source Type: Spring Well Date Received: Other: Time Received: City & State: Received By: Sample receipt crite Deviations from a ceptable sample receipt criteria noted Sample Collected B on PSA form. Sample Collected By: Form Completed By:

Quality Water Analysis

1-800-458-3330

Date Sampled : 5/10/16

Check Time Zone: PEST CST MST PST

Sample ID or Source: DC-01-BF-03

Sold To: G. S. Group Monica Starks 17800 Woodward Ave

Detroit

**Client Name:** 

Fax Number:

Other:

City & State:

Sample Collected By

Sample Collected By:

Phone Number:

PWS ID# (if applicable):

Source Type: Spring Well

## **General Compliance**

Order Number: Order Date:

2076912 04/19/2016 354734

Sample Number:

**Product:** 

Sample Paid: No

**Lead Only** Payment Method:

TSR: EF

MI 48203

Please Use Military Time, e.g. 3:00pm = 15:00

| For Laboratory Use ONL                                                      | (                                      |
|-----------------------------------------------------------------------------|----------------------------------------|
| Lab Accounting Information:                                                 |                                        |
| Payment \$:                                                                 |                                        |
| Check#:                                                                     |                                        |
| Lab Comments/Special Instructions:                                          | ************************************** |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
|                                                                             |                                        |
| State Forms:                                                                |                                        |
| State Forms:                                                                |                                        |
|                                                                             |                                        |
| Lab Sample Information: MAY 1 0 2016                                        |                                        |
| Lab Sample Information: MAY 1 0 2016 Date Received:                         | edinations - 112 AVA-VAII              |
| Lab Sample Information: MAY 1 0 2016                                        | palatania (1820)                       |
| Lab Sample Information: MAY 1 0 2016  Date Received: 13:38                  |                                        |
| Lab Sample Information: MAY 1 0 2016 Date Received: 13:30 Received By: LALL |                                        |
| Lab Sample Information: MAY 1 0 2016  Date Received: 13:38                  |                                        |

Form Completed By: